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ABSTRACT

Seven findings, statistically significant, are summarized in order to substantiate with empirical data the need for introducing the "causal" approach to preventive mental health as an integrated part of the curriculum, beginning at the kindergarten level and continuing through senior high school level. Sources of data are cited for findings which deal with the application of understandings, development of an analytical approach, authoritarianism and responsibility assumption, punitiveness and misbehavior, anxiety and insecurity, and peer acceptance and self concept. To endorse this approach, the Committee on Preventive Psychiatry of the Group for the Advancement of Psychiatry has listed six points advocating the use of the causal approach and materials, as developed by Dr. Ralph H. Ojemann and his associates. (BL)

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A Brief Summation of Statistically Significant Findings of Some of the Research Studies Involving the "Causal" Approach to Preventive Mental Health in the Classroom.

The Preventive Psychiatry Research Program, a division of the Educational Research Council of America directed by Dr. Ralph H. Ojemann, has developed numerous materials and programs for teaching the "causal" approach in preventive mental health in the classroom, beginning at the kindergarten level and continuing through senior high school. There are teacher handbooks for kindergarten and each grade level in the elementary schools and for English and social studies at the secondary level. There are also pupil workbooks: i.t.a. readers for kindergarten and the first grade; workbooks on feelings, problem solving, and pupil-teacher and pupil-pupil relationships for grades one through eight; and supplementary subject matter content in social studies and English for elementary, junior high, and senior high school pupils.

In comparing several programs which have been developed to teach preventive mental health in the classroom, Henry Clay Lindgren drew the following conclusion on page 402 of the second edition of his text, Educational Psychology in the Classroom:

> "Of the several experimental programs we have described, probably the 'causal' approach of Ralph H. Ojemann and his associates has had the greatest amount of continuous evaluation."

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Listed below is a brief summation of the statistically significant findings of some of the research studies which investigated the effectiveness of the "causal" approach in preventive mental health in the classroom. These findings are summarized in order to substantiate with empirical data the need for introducing the "causal" approach as an integrated part of the curriculum, beginning at the kindergarten level and continuing through the senior high school level.

1. Children can learn and can apply "causal" understandings.

"Research by Morgan, McCandless, Bate, and Stiles ... showed that children in the elementary and secondary grades can learn the beginnings of the dynamics of behavior, that they can learn to apply this knowledge in their relations with others, and that the process of learning about human behavior can be greatly extended on the school level." (Ojemann, Ralph H., "The Human Relations Program at the State University of Iowa," Personnel and Guidance Journal, 1958, 37, No. 3, 198.)

2. "Causally" oriented children developed a more analytical approach as compared to a more surface or arbitrary approach used by the control subjects to problems of human behavior. (Stiles, Frances S., "Developing an Understanding of Human Behavior at the Elementary School Level," Journal of Educational Research, 1950, 43, 516-521.)

3. "Causally" oriented children tended to show significantly less authoritarianism (shifting to a more democratic relationship,) and also demonstrated to a significant degree a greater willingness to assume responsibility (as compared to "non-causally" oriented children). (Levitt, Eugene B., "Effect of a 'Causal' Teacher-Training Program on Authoritarianism and Responsibility in Grade School Children," Psychological Reports, 1955, 1, 457.)

4. "Causally" oriented children tended to show a significant reduction in the degree of "arbitrary punitiveness" when required to deal with hypothetical cases of misbehavior or deficiencies in children. (Ojemann, Ralph H., "Changing Attitudes in the Classroom," Children, 1956, 3, 130-134.)

5. "Causal" orientation tended to make children significantly less anxious. (Bruce, Paul, "A Study of the Self-Concept in Sixth Grade Children," unpublished doctoral dissertation, Department of Child Welfare, State University of Iowa, Iowa City, Iowa, 1957.)

6. One study showed that "causally" oriented children at the fifth- and sixth-grade levels had less anxiety and insecurity and were in generally better mental health than were a matched group of children who had not participated in a program of "causal" orientation. (Muuss, Rolf E., "The Relationship Between 'Causal' Orientation, Anxiety, and Insecurity in Elementary School Children," Journal of Educational Psychology, 1960, 51, 3, 122-129.)

7. A 1964 research study conducted with fourth-, fifth-, and sixth-grade children in two school systems found that "causally" oriented children were much more accepting of each other (beyond the .001 level) as measured by sociometric devices, than were control subjects. There also tended to be a greater congruency on the part of "causally" oriented children between perceived-self and ideal-self scores; and they scored much higher on a mental health analysis test than did the control classes which did not have the "causal" instruction. (Griggs, Joseph W., "Some Effects of Learning the Causes of Behavior upon Certain Personal and Social Attitudes of Pre-Adolescent Children," unpublished doctoral dissertation, North Texas State University, Denton, Texas, 1964.)

In a report containing an objective evaluation of four programs which have attempted to promote mental health in the classroom, a group known as the "Committee on Preventive Psychiatry of the Group for the Advancement of Psychiatry," gave its highest endorsement to the "causal" approach developed by Dr. Ralph H. Ojemann and his associates. In a summary of its findings in comparing the four programs, the Committee emphasized the following strong points of the "causal" materials:

First: by the breadth of the approach which methodologically is not confined to the development of a course in human relations, but is oriented toward "humanizing" all content which deals with behavior.

Second: by the fact that pedagogical techniques are used as the primary tool. There is relatively little which could be called therapy within the entire program.

Third: by the clarity and simplicity of the considerable written material. This is of tremendous aid both to students and to the relatively naive teachers.

Fourth: by the enthusiasm of the students for this approach. It is as if an inherent wish were satisfied. We know that it is gratifying to the child to understand the how and the why.

Fifth: by the contagion of the interest of the students and teachers, which stood out prominently. The teachers were affected by the students' interest to the point of noticeable changes in their attitudes and modification of their behavior.

Sixth: by the absence of moralizing. A distribution rather than a dichotomy of ("right and wrong") values is emphasized. (A Report of the Committee on Preventive Psychiatry of the Group for the Advancement of Psychiatry, Promotion of Mental Health in the Primary and Secondary Schools: An Evaluation of Four Projects. Report No. 18, Topeka, Kansas, 1951.)

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